



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF GEOLOGISTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

PROFESSIONAL EXPERIENCE REFERENCE FORM

SECTION A – Applicant completes this section.

Name of Applicant: _____

Address: _____

Day Telephone: _____

SECTION B – Person attesting to the professional geologic experience of the person named above completes this section.

1. I have known the applicant professionally since _____.

2. My relationship with this applicant has been that of:
Employer ☐ Supervisor ☐ Co-worker ☐ Other _____

3. Check one evaluation for each criteria.

	Excellent	Good	Poor	Unknown
Quality of professional work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of technical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional attitude, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soundness of judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Complete the following questions about a period of employment.

I have personal knowledge of this applicant's work from _____ to _____ in the State of _____. During this time the applicant was employed as a geologist using initiative, skill, and individual interpretative judgment from _____ to _____. The applicant's work as a geologist was full-time ☐ or part-time ☐. If part-time, indicate the percentage of geologist work: _____

Applicant's employer: _____

Please describe the applicant's type of work, projects, and quality of work:

5. Complete the following questions about an additional period of employment.

I have personal knowledge of this applicant's work from _____ to _____ in the State of _____. During this time the applicant was employed as a geologist using initiative, skill, and individual interpretative judgment from _____ to _____. The applicant's work as a geologist was full-time ☐ or part-time ☐. If part-time, indicate the percentage of geologist work: _____

Applicant's employer: _____

Please describe the applicant's type of work, projects, and quality of geologic work.

6. Do you consider the applicant qualified for licensure as a geologist? Yes ☐ No ☐

Additional remarks or comments:

Date Completed: _____

Print Name of Professional Reference: _____

Geologic Registration Number: _____ State: _____
_____ State: _____

SEAL

Signature: _____

Present Position/Title: _____

Name of Employer: _____

RETURN COMPLETED FORM *DIRECTLY* TO THE DELAWARE BOARD

Delaware Board of Geologists
861 Silver Lake Boulevard
Cannon Bldg., Suite 203
Dover, DE 19904